

FILED FOR RECORD
11:45 A.M. _____ P.M.

POSTED
DATE 11-19-2021
11:50 A.M. _____ P.M.
Michelle Reynolds
BY AB Deputy

AGENDA

SOMERVELL COUNTY HOSPITAL DISTRICT
REGULAR BOARD MEETING
NOVEMBER 23, 2021 AT 7:00PM
HOSPITAL BOARD ROOM
1021 HOLDEN STREET, GLEN ROSE, TEXAS

NOV 19 2021

Michelle Reynolds
COUNTY CLERK
SOMERVELL COUNTY, TEXAS
BY AB DEPUTY

Mission Statement

Somervell County Hospital District Board is dedicated to providing an environment in which the GRMC Hospital can deliver excellent quality of care and safety to its patients, while maintaining financial viability.

- I. Call to Order
- II. Record of Attendance
- III. Pledge of Allegiance
- IV. Discuss and if necessary take action on Amending/Approval of minutes from previous meetings
 - a. October 28, 2021
- V. Executive Closed Session – Credentialing of Providers
 - a. The Somervell County Hospital District will convene in Executive Session to receive report by Compliance Officer regarding evaluation of medical and health care services pursuant to Section 161.032 of the Texas Health and Safety Code
- VI. Reconvene into Open Session
 - a. Consider and approve Medical Staff matters including appointments and if needed, take action on quality of care matters
- VII. Quarterly Quality Report
- VIII. CFO Report
 - a. Report on Monthly and Year-to-Date Financials
- IX. CEO Report
 - a. Roger E Marks Foundation/Public Relations
 - b. Blue Cross Blue Shield billing and contract issues
 - c. QIPP Update
 - d. ER Contract Update
 - e. COVID Update
 - f. Long Range Planning
- X. Discuss and if necessary take action to approve contract with CHC for CEO Evaluation
- XI. Discuss and if necessary take action on Municipal Advisory Agreement with Hilltop Securities to serve as an advisor to the District on refinancing of municipal bond

- XII. Discuss and if necessary take action to approve the purchase of Surgery Fluid Management System equipment
- XIII. Discuss and if necessary take action to approve GRMC COVID-19 Vaccine Program Policy
- XIV. Discuss and if necessary take action to amend current Luminant contract
- XV. Public Comments
- XVI. Adjourn

THIS BUILDING IS WHEELCHAIR ACCESSIBLE, ANY REQUESTS FOR SIGN LANGUAGE INTERPRETATION OR OTHER SPECIAL SERVICES MUST BE MADE 48 HOURS AHEAD OF MEETING. TO MAKE ARRANGEMENTS, CALL MICHAEL HONEA 254-897-1471 OR (TDD) 1-800-RELAY-TX (1-800-735-2989)


Mina Douglas, Secretary of the Board of Directors

SOMERVELL COUNTY HOSPITAL DISTRICT
D/B/A GLEN ROSE MEDICAL CENTER
REGULAR BOARD MEETING
THURSDAY, OCTOBER 28, 2021 AT 7:00 P.M.
HOSPITAL BOARD ROOM

MINUTES

- I. Meeting was called to order at 7:00 pm.
- II. All members were present with the exception of Brett Nabors.
- III. Discuss and if necessary take action on Amending/Approval of minutes from previous meetings
 - a. September 30, 2021
Dr. Steven Vacek made a motion to accept the minutes as written. Joe Cathey seconded the motion, and motion carried 6-0.
- IV. Hear presentation from CHC and if necessary take action to approve contract with CHC for CEO Evaluation
Laurie Breedlove, Senior Vice President of Human Resources for Community Health Corp., presented via Zoom the different options of their CEO Evaluation process. After some discussion, Board agreed to table the item until November meeting.
- V. CFO Report – Becky Whitsitt
 - a. **September 2021 financials were presented and discussed.**
- VI. CEO Report – Becky Whitsitt for Michael Honea
 - a. **Roger E Marks Foundation and Public Relations report was presented.**
 - b. **Blue Cross Blue Shield billing and contract issues – preparing numbers and spreadsheets. Sent in therapy claim complaint, and BCBS finally responding to emails.**
 - c. **QIPP Update – covered in financial report-have brought in about \$80K so far and disbursed about the same amount. Thought we would receive one of the quality component payments in October, but expecting to receive this \$60-70K in November.**
 - d. **ER Contract Update – Concord to take over December 1, and we will keep several of the same doctors. Will be in-network billing for patients.**
 - e. **CHC GPO Update – have moved some contracts over and seeing savings on Capital Equipment purchases; Baylor sign has been removed.**
 - f. **Bond Refi Update – back reporting caught up; will be sending out for quotes.**
 - g. **Surgery Update – potential surgeon requires DaVinci robot (not cheap-looking into leasing). Appears that he can bring in enough money to offset cost, plus should be a draw in recruiting additional surgeons as all new surgeons being trained on robots.**
 - h. **COVID Update – numbers going down; applied for \$1 Million grant with plans to update nurse’s station and prepare for step-down unit. Clinic and pharmacy giving vaccine boosters.**
- VII. Discuss and if necessary take action on the Official Ballot for election of the Somervell Central Appraisal District Board of Directors for 2022-2023
Dr. Steven Vacek made a motion to cast all 425 votes for Nemo Britton for election to the Somervell Central Appraisal District Board of Directors for 2022 and 2023. Mary Collier seconded the motion, and motion carried 6-0.

- VIII. Discuss and if necessary take action on changes in the Senior Care department operations
Based upon recent events and changes, the recommendation of Administration to transition to a virtual only Behavioral Health Clinic was fully supported by the Board. No action was taken.
- IX. Discuss and if necessary take action on changes in the Business Office department operations
CEO Michael Honea reported that long-time Director Charlotte Winters has transitioned to a semi-retired status, and two Directors have been hired but decided to accept other opportunities or did not work out. Meanwhile, we are also currently down four billers. All situations combined seem to present a good opportunity to look at options for the Business Office, including outsourcing and possibly shared oversight. Should be able to keep current staff on hand without any necessary terminations/layoffs. Board was in agreement. No action taken.
- X. Discuss and if necessary take action to change the dates of November and December Regular Board Meetings
After some discussion, it was decided to move November meeting from Thursday, 11/25 to Tuesday, 11/23. December meeting will remain on 12/30. No action taken.
- XI. Public Comments
Charlotte Winters thanked the Board for having her and Polly Cantrell there on behalf of the Business Office.
- XII. Adjourn
Motion was made by Dr. Steven Vacek and seconded by Margaret Drake to adjourn meeting at 8:51 pm. Motion carried 6-0.

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Ron Hankins, President

Brett Nabors, Vice President

Margaret Drake

Dr. Steven Vacek

Max Bly

Joe Cathey

Mary Collier

GLEN ROSE MEDICAL CENTER PATIENT STATISTICAL REPORT

	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	2021/2022	PYTD 2020 - 2021
	2021	2021	2021	2022	2022	2022	2022	2022	2022	2022	2022	2022		
ACUTE ADMISSIONS:														
MEDICARE	5												5	106
MEDICARE ADV/HMO	4												4	96
MEDICAID	0												0	6
MEDICAID STAR	0												0	7
COMM. INS.	5												5	56
OTHER	4												4	22
TOTAL	18	0	0	0	0	0	0	0	0	0	0	0	18	293
ACUTE PATIENT DAYS:														
MEDICARE	10												10	309
MEDICARE ADV/HMO	10												10	324
MEDICAID	0												0	12
MEDICAID STAR	0												0	19
COMM. INS.	11												11	179
OTHER	10												10	69
TOTAL	41	0	0	0	0	0	0	0	0	0	0	0	41	912
OCCUPANCY %	8%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%	16%
ACUTE DISCHARGES:														
MEDICARE	5												5	106
MEDICARE ADV/HMO	4												4	95
MEDICAID	0												0	6
MEDICAID STAR	0												0	7
COMM.INS.	5												5	56
OTHER	4												4	22
TOTAL	18	0	0	0	0	0	0	0	0	0	0	0	18	292
CASE MIX INDEX:														
MEDICARE	1.054												1.054	1.168
MEDICARE ADV/HMO	1.158												1.158	1.316
MEDICAID	-												#DIV/0!	1.073
ALL PAYOR	1.189												1.189	1.266
A.L.O.S.														
MEDICARE	2.00	-	-	-	-	-	-	-	-	-	-	-	2.00	3.13
MEDICARE ADV/HMO	2.50	-	-	-	-	-	-	-	-	-	-	-	2.50	3.00
MEDICAID	-	-	-	-	-	-	-	-	-	-	-	-	#DIV/0!	2.14
COMM.INS.	2.20	-	-	-	-	-	-	-	-	-	-	-	2.20	2.72
OTHER	2.50	-	-	-	-	-	-	-	-	-	-	-	2.50	2.50

	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	2021/2022	PYTD 2020 - 2021
	2021	2021	2021	2022	2022	2022	2022	2022	2022	2022	2022	2022		
TOTAL	2.28	-	-	-	-	-	-	-	-	-	-	-	2.28	3.01
SWINGBED:														
ADMISSIONS	0												0	0
(MCR Admissions)	0												0	0
PATIENT DAYS	0												0	0
DISCHARGES	0												0	0

	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	2021/2022	PYTD 2020 - 2021
	2021	2021	2021	2022	2022	2022	2022	2022	2022	2022	2022	2022		
HOSPICE:														
ADMISSIONS	0												0	0
PATIENT DAYS	0												0	0
DISCHARGES	0												0	0
OBSERVATION														
ADMISSIONS	13												13	84
ADMIT TO IP	0												0	4
DISCHARGES	13												13	80
PATIENT DAYS	16												16	107
TOTAL PT DAYS (IP,OBS,SWB,HOSP)	57	0	0	0	0	0	0	0	0	0	0	0	57	1019
SURGERIES:														
IP SURGERIES	3												3	21
SWB SURGERIES	0												0	0
OBS SURGERIES	1												1	5
OP SURGERIES	11												11	243
TOTAL SURGERIES	15	0	0	0	0	0	0	0	0	0	0	0	15	269
SCOPES:														
IP SCOPES	0												0	7
SWB SCOPES	0												0	0
OBS SCOPES	0												0	3
OP SCOPES	46												46	548
TOTAL SCOPES	46												46	558
PROCEDURES OTHER	50												50	350
TOTAL PATIENTS	111												111	1178
TOTAL SRGS/SCOPES	61	0	0	0	0	0	0	0	0	0	0	0	61	578
EMERGENCY ROOM:														
ER VISITS D/C, AMA, EXP	487												487	4996
ER TRANSFERS	25												25	320
ER OBSERVATION-ADM	15												15	102
ER IP-ADMITTS	8												8	233
TOTAL ER	535												535	5651
SR CARE VISITS (Billed Visits)	250												250	3037
PT/OT/ST													0	4931
Cryotherapy													0	0
ER ROOM LEVELS CASE MIX	3.630												3.630	3.682
Average Daily Census	1.32	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.11	2.50

Board Evaluation of Chief Executive Officer

CEO Name: _____

Review Period: January 1, 2019 – December 31, 2019

INSTRUCTIONS: Please rate your satisfaction with the CEO’s leadership competency and functional performance. Your individual responses are confidential. Your ratings will be combined with other Board members to calculate an average score, which will be summarized in a feedback report provided to the CEO.

LEADERSHIP PERFORMANCE / COMPETENCIES	Not Satisfied	Minimally Satisfied	Satisfied	Very Satisfied	Totally Satisfied
	1	2	3	4	5
1. Vision and strategy setting: Establishes and communicates a clear and compelling vision so that all know the hospital’s mission, vision, and priorities. Works with Board and others to develop, implement, and update strategies in support of the hospital’s mission.					
2. High performance culture: Conveys hospital’s values and acceptable behavior to all through own actions. Creates culture that encourages teamwork, builds employee engagement. Inspires individual and organizational excellence.					
3. Internal Communication and Relationships: Demonstrates effective interpersonal relations including influencing/persuading at all levels inside the hospital. Builds rapport and trust through frequent communication. Anticipates and addresses concerns.					
4. External Communication and Relationship: Works with community leaders to assess healthcare needs and build positive hospital image. Participates in his/her community through civic/other service. Maintains good relationships with local news media.					
5. Talent Development: Accurately assesses developmental needs and provides frequent feedback, coaching, and personal development opportunities. Takes action promptly to remove talent that is disruptive and/or non-responsive to coaching and development.					
6. Accountability: Sets clear, consistent goals and expectations. Holds self and others accountable for decisions and actions. Is reliable, keeps commitments; delivers results. Creates an ownership culture.					
7. Champion for Change: Speaks out for change and helps staff understand reasons for, and benefits from, change. Links change to work processes and involves appropriate others in the change process. Follows through on change initiatives.					
8. Develops and maintains effective Board relationships: Seeks input, anticipates needs, addresses concerns and provides timely data and information regarding operations, quality and finances.					

9. Develops and maintains effective Medical Staff relationships: seeks input, anticipates needs, addresses concerns and provides timely information. Insures medical staff development and education.					
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FUNCTIONAL PERFORMANCE / COMPETENCIES	N o t S a t i s f i e d	M i n i m a l l y S a t i s f i e d	S a t i s f i e d	V e r y S a t i s f i e d	T o t a l l y S a t i s f i e d
	1	2	3	4	5
1. Operations Management: Demonstrates knowledge, understanding and application of effective hospital management and operations. Keeps current on trends and changes in the healthcare environment. Collects and analyzes data. Conducts needs analysis, identifies and prioritizes needs, applies good problem solving skills. Identifies alternate processes and potential solutions and acts to implement changes to improve operations.					
2. Safety and Quality of Care: Leads and maintains a culture of safety and quality including a safe functional environment. Provides opportunities for all to identify safety and/or quality issues, bring issues to management's attention, and participate in safety and quality initiatives and planning.					
3. Financial Management: Oversees the preparation and management of sound operating, project and capital budgets. Ensures the utilization of sound accounting systems, treasury activities, risk management, financial controls, productivity measures, reimbursement principles and contracting. Meets budget-critical financial metrics. Provides stewardship of all financial resources.					
4. Human Resources: Ensures the availability of adequate numbers of competent staff (including physicians and contract labor) that are properly credentialed, educated, trained, motivated and engaged. Directs performance management systems including practices for providing timely feedback, recognizing excellence and dealing promptly with problem behavior and poor performance.					
5. Information Management/Technology: Ensures effective collection, categorization, filing, management, privacy, confidentiality, security, redundancy, retrieval and reporting capabilities of all data and information used by the hospital. Guides the development of plans for meeting the growing demands of information management and technology within healthcare.					

Thank you for participating in this process. Your time and effort are valued and appreciated and your feedback will provide recognition of good performance as well as help the CEO to identify areas where personal development and performance improvements can be initiated.

COMMENTS:

EVALUATOR NAME (Optional):

QUOTATION

November 03, 2021

Tina Ruff

Glen Rose Medical Center
1021 Holden St
Glen Rose, TX 76043-4937

Quote Number: 1639262
Customer Reporting Number: 0001138003
GPO Affiliation: HEALTHTRUST PURCHASING GROUP
Net Payment Terms: Net 30
Freight: FOB Origin Prepay and Add
Quote Expires: 2/01/2022

All Purchase Orders must be made out to:
COVIDIEN SALES LLC
15 Hampshire St.
Mansfield, MA 02048

Remit to address:
COVIDIEN SALES LLC
4642 Collection Center Dr
Chicago, IL 60693-0046

Customer Contact email/phone: cs@grmf.org /
Medtronic Contact: Allan Kotzot, GYNECOLOGY SALES REPRESENTATIVE
Phone: (832) 334-8943

Quote Products and Pricing

Line	QTY	UOM	Catalog No	Product Description	Quote Price	Extended Price
1	1	Each	72205000	Fluid Management System Control Unit	\$7,332.46	\$7,332.46
2	1	Each	72205001	Fluid Management System Scale	\$3,100.60	\$3,100.60
3	1	Each	72205002	Country Kit (US/Canada), Power Cord and Manual	\$40.43	\$40.43
4	1	Each	72205040	VACUUM REGULATOR 3MODE 72205040	\$540.75	\$540.75
5	1	Each	7209808	TRUCLEAR CONTROL UNIT	\$6,544.88	\$6,544.88
6	1	Each	7209820	FOOTSWITCH TRUCLEAR	\$923.98	\$923.98
7	1	Each	7209807	HANDPIECE TRUCLEAR	\$6,005.89	\$6,005.89
8	1	Each	72204878	Hysteroscope Mini TruClear	\$6,564.23	\$6,564.23
9	1	Each	72204879	Hysteroscope Plus TruClear	\$5,406.40	\$5,406.40
10	1	Each	72203004	GYN TRAY	\$727.50	\$727.50

Quote Summary

Net Amount	\$37,187.12
Quote Notes	Please Send Purchase Order to: allan.kotzot@medtronic.com

The discounts provided by Medtronic under this Quote may constitute a "discount or other reduction in price" of the products under Section 1128B(b)(3)(A) of the Social Security Act, 42 U.S.C. §1320a-7b(b)(3)(A). Customer is responsible for reporting and/or providing information on all such discounts to reimbursing agencies (including Medicare and Medicaid) and other entities in accordance with all applicable laws and regulations.

Quote Terms and Conditions

If applicable, purchases resulting from this Quote will be subject to the applicable contract between Medtronic and customer's Group Purchasing Organization (GPO) identified above. Such contract terms override any conflicting terms stated below. If purchases are not being made under a GPO contract, then Medtronic's Respiratory and Monitoring Solutions Standard Terms and Conditions of Sale will apply. Additional terms and conditions, if any, are attached to this Quote. No other terms and conditions apply unless expressly agreed to in writing between Medtronic and customer.

Quoted prices do not include freight/shipping costs, which will be prepaid and added to the invoice.

Quoted prices do not include applicable sales or use taxes. Such taxes will be added to the invoice unless customer

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is exempt from such taxes.

Quoted prices are based on the use of equipment within the 50 United States. Equipment that is shipped outside of the 50 United States needs to be shipped back to a designated Medtronic Service Center within the 50 United States, at customer's sole expense, for warranty service.

Payment terms are subject to Medtronic's standard terms at time of shipment.

The pricing and other terms and conditions contained in this Quote are confidential and intended solely for the identified customer's consideration. This information may not be disclosed to any other person or entity or used for any purpose other than the proposed transaction.

By issuing a purchase order against this Quote, customer agrees that the terms and conditions referenced and contained in this Quote will govern the purchase of products hereunder and the preprinted terms and conditions of any standard purchase order, invoice, or related forms that customer or Medtronic may use for orders will have no force or effect.

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QUOTATION

November 03, 2021

Tina Ruff

Glen Rose Medical Center
1021 Holden St
Glen Rose, TX 76043-4937

Quote Number: 1639257
Customer Reporting Number: 0001138003
GPO Affiliation: HEALTHTRUST PURCHASING GROUP
Net Payment Terms: Net 30
Freight: FOB Origin Prepay and Add
Quote Expires: 2/01/2022

All Purchase Orders must be made out to:

COVIDIEN SALES LLC
15 Hampshire St.
Mansfield, MA 02048

Remit to address:
COVIDIEN SALES LLC
4642 Collection Center Dr
Chicago, IL 60693-0046

Customer Contact email/phone: cs@grmf.org /
Medtronic Contact: Allan Kotzot, GYNECOLOGY SALES REPRESENTATIVE
Phone: (832) 334-8943

Quote Products and Pricing

Line	QTY	UOM	Catalog No	Product Description	Quote Price	Extended Price
1	1	Each	7209509	SOFT TISSUE SHAVER PLUS TRUCLEAR	\$417.10	\$417.10
2	1	Each	72202536	TRUCLEAR SOFT TISSUE SHAVER MINI	\$533.50	\$533.50
3	1	Each	72203012	DENSE TIS SHAVER PLUS TRUCLEAR	\$708.10	\$708.10
4	1	Each	72204064	DENSE TIS SHAVER MINI TRUCLEAR	\$863.88	\$863.88
5	1	Each	72205015	PROCEDURE KIT HYSTEROLUX	\$251.45	\$251.45
6	1	Package	72205051	HYSTEROSCOPE SEAL TRUCLEAR	\$36.00	\$36.00

Quote Summary

Net Amount	\$2,810.03
Quote Notes	Please Send Purchase Order to: allan.kotzot@medtronic.com

The discounts provided by Medtronic under this Quote may constitute a "discount or other reduction in price" of the products under Section 1128B(b)(3)(A) of the Social Security Act, 42 U.S.C. §1320a-7b(b)(3)(A). Customer is responsible for reporting and/or providing information on all such discounts to reimbursing agencies (including Medicare and Medicaid) and other entities in accordance with all applicable laws and regulations.

Quote Terms and Conditions

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Quoted prices do not include freight/shipping costs, which will be prepaid and added to the invoice.

Quoted prices do not include applicable sales or use taxes. Such taxes will be added to the invoice unless customer is exempt from such taxes.

Quoted prices are based on the use of equipment within the 50 United States. Equipment that is shipped outside of the 50 United States needs to be shipped back to a designated Medtronic Service Center within the 50 United States, at customer's sole expense, for warranty service.

Payment terms are subject to Medtronic's standard terms at time of shipment.

The pricing and other terms and conditions contained in this Quote are confidential and intended solely for the identified customer's consideration. This information may not be disclosed to any other person or entity or used for any purpose other than the proposed transaction.

By issuing a purchase order against this Quote, customer agrees that the terms and conditions referenced and contained in this Quote will govern the purchase of products hereunder and the preprinted terms and conditions of any standard purchase order, invoice, or related forms that customer or Medtronic may use for orders will have no force or effect.

GLEN ROSE MEDICAL CENTER POLICY	Reference # 1872	Page 1 of 2
Subject: COVID-19 Vaccine Program	Dept: Administration	
Originated: 11/2021		
Modified:	Scope: Facility Wide	

PURPOSE:

To enhance the protection of patients, staff, providers, family members, visitors, and community from potential Covid-19 infections through an immunization or the use of alternative preventive measures for those who are exempted from immunization (medical or religious).

POLICY:

It is the policy of Glen Rose Medical Center (GRMC) that all staff and service providers be immunized against Covid-19. Proof of immunization is due to the Employee Health office by December 3rd. There are medical and/or religious exemptions available to those who are unable to obtain the vaccination. Exemption forms are due by November 24th.

DEFINITION:

Staff and service providers include employee, credentialed providers, volunteers, agents, consultants, vendors, contractors, nursing, high school and other students and other individuals providing services on behalf of GRMC.

PROCEDURE:

1. As a condition of employment or affiliation, all GRMC staff and/or service providers must be immunized for Covid-19 or granted an exemption by December 1st annually.
2. All employees and/or service providers must be immunized or file and be granted an exemption (medical or religious) up to 14 days from starting work.
3. GRMC staff and service providers must provide proof of immunization annually. This may include a dated physician's note, receipt or copy of dated consent, immunization card, etc.

EXEMPTIONS:

GRMC staff and service providers who wish to request a medical and/or religious exemption shall first submit a Request for Religious/Medical Exemption from Vaccinations Form to Employee Health by November 24th. Request for Medical Exemption from Vaccinations
Request for Religious Exemption from Vaccinations

Each exemption request will be reviewed and either approved or denied by the Accommodations Review Committee. Additional clarification may be requested if needed.

Organizational Response:

1. Exemptions must be completed and received by Employee Health by November 24th annually.
2. All employees and service providers not granted an exemption must receive the initial dose of a 2 dose Covid-19 vaccine before December 1st in order to meet deadline for compliance. The 2nd dose must be completed by January 1st unless you received a 1 dose vaccine. (full vaccination required)

Author:

Date:

Disclaimer: Any printed copy of this policy is only as current as of the date it was printed; it may not reflect subsequent revisions. Refer to the online version for most current policy.

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GLEN ROSE MEDICAL CENTER POLICY	Reference # 1872	Page 2 of 2
Subject: COVID-19 Vaccine Program	Dept: Administration	
Originated: 11/2021		
Modified:	Scope: Facility Wide	

- a. Employees who have not complied with this policy will be subject to disciplinary action up to and including termination.
3. The dates specified above may be revised if determined necessary by the CEO or designee.
4. All managerial and supervisory staff, using data from Employee Health are responsible for ensuring that personnel who have been exempted from immunization comply with the alternative measures for mitigating (decreasing) transmission of Covid-19 as outlined below.

Alternative Preventive Measures Must Be Used if an Exemption is Granted

1. If an approval for exemption is received, you will be required to read and adhere to the Alternative Preventive Measures outlined below.
2. Employees or service providers without symptoms who have been granted an exemption will be required to comply with the following procedures in order to mitigate (decrease or reduce) the risk of Covid-19 transmission:
 - a. You will be required to wear additional PPE when within 6 feet of a patient (inpatient, outpatient, provider offices, etc.) in any setting.
 - b. The Accommodations Review Committee will determine if face masks and/or additional PPE are necessary based on local and state infectious disease activity throughout the year. This information will be communicated via e-mail to all employees with any changes in the type of face mask and additional PPE that will be worn.
 - c. Consent to weekly testing with a nasal swab antigen test.

References:

Centers for Disease Control Recommendations for Immunizations for Covid-19: www.cdc.gov

Author:

Date:

Disclaimer: Any printed copy of this policy is only as current as of the date it was printed; it may not reflect subsequent revisions. Refer to the online version for most current policy.



GLEN ROSE
MEDICAL CENTER

Request for Medical Exemption from Vaccinations

Employee/Physician/Volunteer Name (Print): _____ GRMC Entity: _____

Employee ID# or Last 4 of SS# _____ Department(s): _____ Position: _____

Personal Email: _____ Contact Phone Number: _____

Dear Treating Physician:

As a patient safety initiative, Glen Rose Medical Center requires Influenza, COVID-19, MMR, Meningitis (lab personnel), Tdap, Hepatitis A (dietary), and Varicella vaccinations. These vaccinations are recommended by the CDC in the Immunization of Health Care Workers, Recommendations of the Advisory Committee on Immunization Practices (ACIP) and the Hospital Infection Control/Practices Advisory Committee (HICPAC). They have been shown in study settings to be effective in preventing the spread of disease to patients. Your patient is requesting to be exempt from one or more of these vaccinations. Medical exemption from vaccinations is allowed for recognized contraindications only.
(<https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html>).

Please complete the form below to request a medical exemption for your patient. This completed form must be returned to your patient for submission.

Influenza	My patient has the following checked contraindication(s) to Influenza (TIV-inactivated) vaccination. Contraindications/Precautions:
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- INDEFINITE EXEMPTION** - Documented anaphylactic reaction to a prior dose of the vaccine or any of its components (e.g., eggs)
- INDEFINITE EXEMPTION** - Documented history of Guillian-Barre' syndrome within 6 weeks of receiving an influenza vaccine
- DEFERRAL** - Moderate to severe acute illness or fever, delay vaccination until: (Date Required) _____
- DEFERRAL** - Delay vaccination until: _____ due to other medical condition: (Specify) _____

COVID-19	My patient has the following checked contraindication(s) to COVID-19 vaccination. Contraindications/Precautions:
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- INDEFINITE EXEMPTION** - Documented anaphylactic reaction to a prior dose of the vaccine or any of its components (e.g., Polyethylene glycol (PEG))
- DEFERRAL** - Moderate to severe acute illness or fever, delay vaccination until: (Date Required) _____
- DEFERRAL** - Recent diagnosis of COVID treated with monoclonal antibody therapy or convalescent plasma-vaccination cycle should start 90 days after treatment date: (Date Required) _____
- DEFERRAL** - Delay vaccination until: _____ due to other medical condition*: (Specify) _____

**Active pregnancy or lactation (in the absence of other medical conditions precluding COVID-19 vaccination) are not considered to be a recognized medical contraindication.*

For COVID-19, as a condition of exemption approval, employees will be required to wear an N95 respirator upon entering any GRMC location and must complete required COVID testing.

Meningococcal (MCV)	My patient has the following checked contraindication(s) to Meningococcal (MCV) vaccination. Contraindications/Precautions:
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- INDEFINITE EXEMPTION** - Documented Anaphylactic reaction to a prior dose of the vaccine or any of its components.
- INDEFINITE EXEMPTION** - History of Guillian-Barre' syndrome
- DEFERRAL** - Moderate to severe acute illness or fever, delay vaccination until: _____

Measles, Mumps, Rubella (MMR)	My patient has the following checked contraindication(s) to Measles, Mumps, Rubella (MMR) vaccination. Contraindications/Precautions:
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- INDEFINITE EXEMPTION** - Documented Anaphylactic reaction to a prior dose of the vaccine or any of its components (e.g., gelatin, neomycin)
- DEFERRAL** - Moderate to severe acute illness or fever, delay vaccination until: _____
- DEFERRAL** - Untreated active tuberculosis, delay vaccination until: _____
- DEFERRAL** - Recent administration of antibody-containing blood products, delay vaccination until: _____
- DEFERRAL** - Immunodeficiency, delay vaccination until: _____
- DEFERRAL** - Pregnancy, delay vaccination until: _____
- DEFERRAL** - Thrombocytopenia/thrombocytopenic purpura (now or by history), delay vaccination until: _____

Tetanus Diphtheria acellular Pertussis (Tdap)	My patient has the following checked contraindication(s) to Tetanus Diphtheria acellular Pertussis (Tdap) vaccination. Contraindications/Precautions:
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- INDEFINITE EXEMPTION** - Documented Anaphylactic reaction to a prior dose of the vaccine or any of its components.
- INDEFINITE EXEMPTION** - History of Guillian-Barre' syndrome within 6 weeks of receiving an influenza vaccine given <10 years ago.
- INDEFINITE EXEMPTION** - Encephalopathy within 7 days of previous dose of DTaP or DTP (use Td instead of Tdap)
- INDEFINITE EXEMPTION** - History of Arthus reaction following a previous dose of a tetanus-containing and/or diphtheria toxoid-containing vaccine, including meningococcal conjugate vaccine given < 10 years ago.
- DEFERRAL** -Pregnancy (1st trimester), delay vaccination until: _____
- DEFERRAL** - Moderate to severe acute illness or fever, delay vaccination until: _____

Varicella (Chickenpox)	My patient has the following checked contraindication(s) to Varicella (Chickenpox) vaccination. Contraindications/Precautions:
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- INDEFINITE EXEMPTION** - Anaphylactic reaction to a prior dose of the vaccine or any of its components (e.g. gelatin, neomycin)
- DEFERRAL** - Moderate to severe acute illness or fever, delay vaccination unit: _____
- DEFERRAL** - Recent administration of antibody containing blood products, delay vaccination until: _____
- DEFERRAL** - Immunodeficiency, delay vaccination until: _____
- DEFERRAL** - Pregnancy, delay vaccination until: _____

Request for medical exemption from vaccination will be reviewed by the Accommodation Review Committee. Further clarification and/or additional supporting documentation may be requested.

I certify the above information is true and correct regarding the request for medical exemption for my patient from the vaccination(s) selected above:

Print Physician/Advance Practice Provider Name: _____ Phone #: _____

Physician /Advance Practice Provider Signature: _____ Date: _____

(Signature stamp is not acceptable)

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION

I, _____, understand that my medical information is confidential and cannot be disclosed without my written authorization, except when otherwise permitted by law. The above information may be released to the Comprehensive Immunization Policy Vaccination Exemption Committee to validate medical vaccination exemption. **Exemption requests other than "INDEFINITE" must be resubmitted annually.**

Employee/Volunteer Signature: _____
(Signature required prior to submitting for review)

Date: _____



GLEN ROSE MEDICAL CENTER

Request for Religious Exemption from Vaccinations

I _____ (Print Full Name) affirm that vaccination and injections of immunizing agents conflicts with my religious tenets or practices.

I confirm I have read and understand Glen Rose Medical Center's policy on required vaccinations and will adhere to the masking and testing requirements* as applies to my work environment should my exemption request be approved. GRMC Employee Health staff will review this request for exemption and then submit for review by the Accommodation Review Committee.

Requesting exemption from:

- Influenza TDAP MMR Varicella Meningitis COVID-19*

**For COVID-19, as a condition of exemption approval, employees will be required to wear an N95 respirator upon entering any Glen Rose Medical Center location and must complete required COVID testing.*

Please provide a statement of your request with **SPECIFIC religious** reasons for requesting this exemption. Specifically describe the conflict between your religious belief, observance or practice and the vaccine requirement issue (attach additional pages if necessary).

Have you received immunizations in the past? **Yes** or **No** (circle one)

If yes to the previous question, please provide an explanation detailing any changes in your religion, belief or observance that have occurred since your last immunization, or the reason(s) that your religion, belief or observance prevents you from receiving the vaccine(s) indicated above specifically (attach additional pages if necessary).

By my signature below I am affirming this information to be true and acknowledge that any false or intentionally misleading statements or omissions on this document may be considered as sufficient cause for progressive corrective action up to and including termination. This may occur even if such false statement or omission is discovered subsequent to an exemption from the GRMC vaccination requirements is granted. I also understand that GRMC may seek clarification and/or request additional supporting documents regarding this request.

Date: _____ Employee/Physician/Volunteer Signature: _____

Current Phone #: _____ Employee ID (or last 4 of SS#): _____

Employee Entity Location: _____ Department(s): _____ Position: _____

Personal Email Address: _____